

FIG. 1

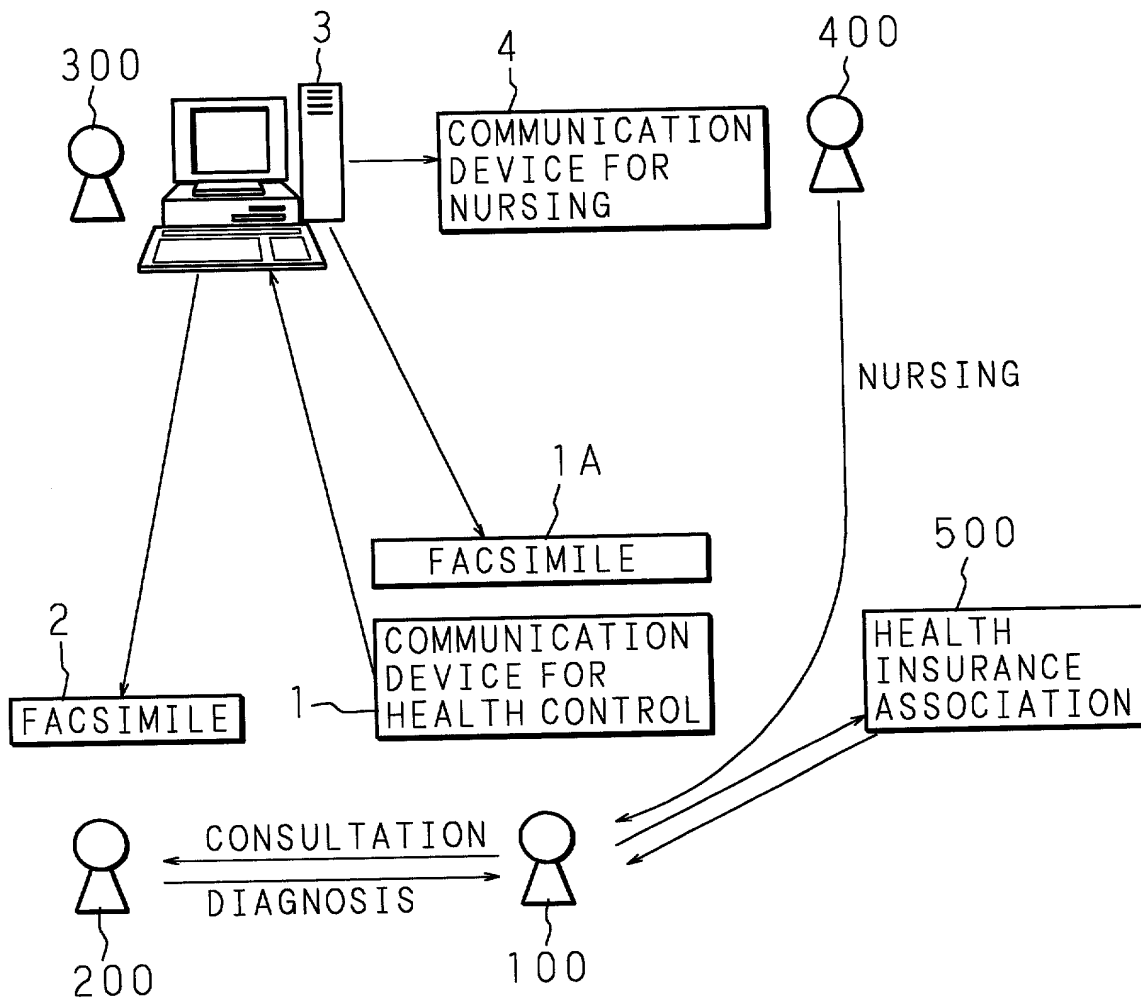


FIG. 2

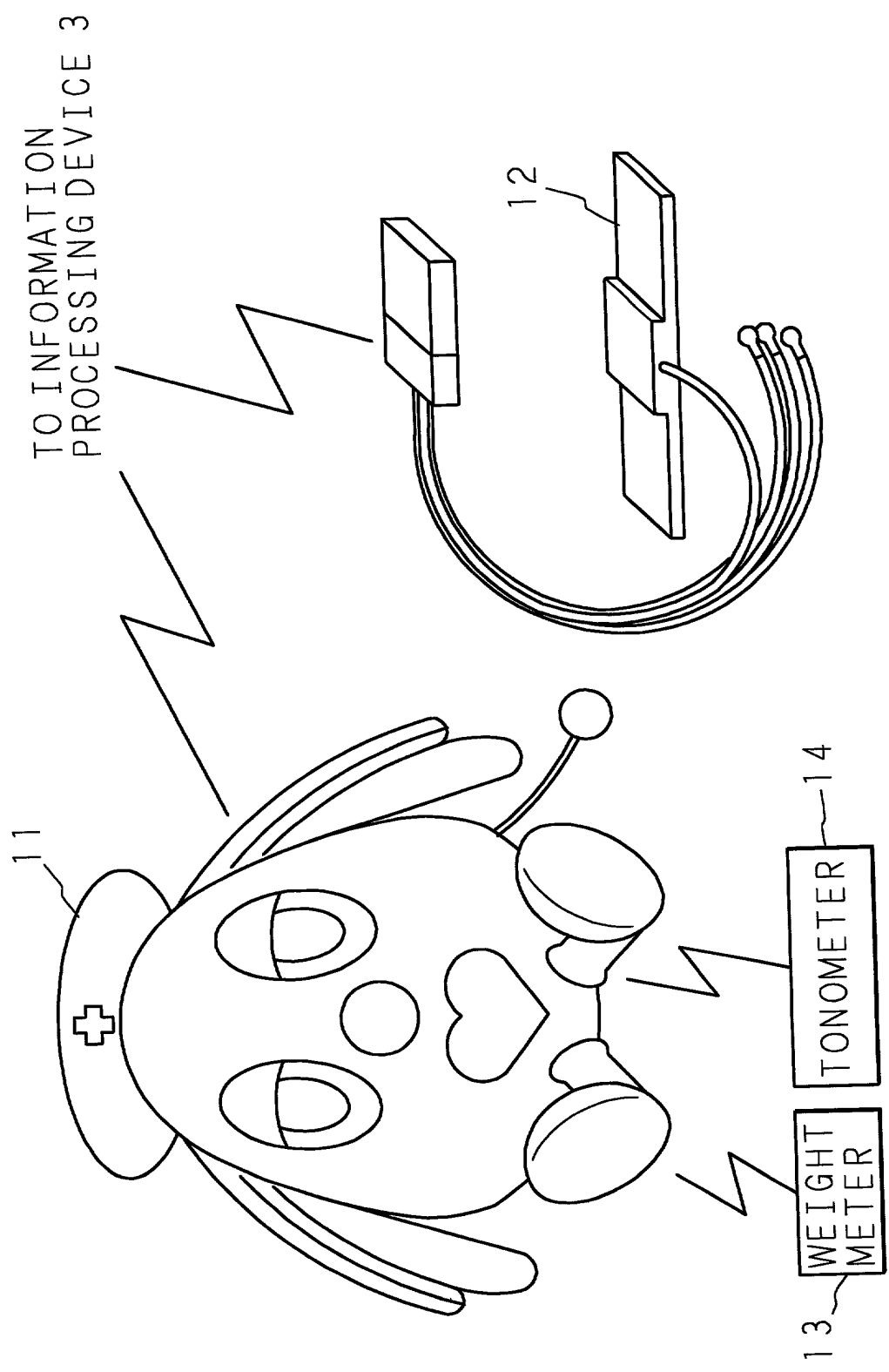


FIG. 3

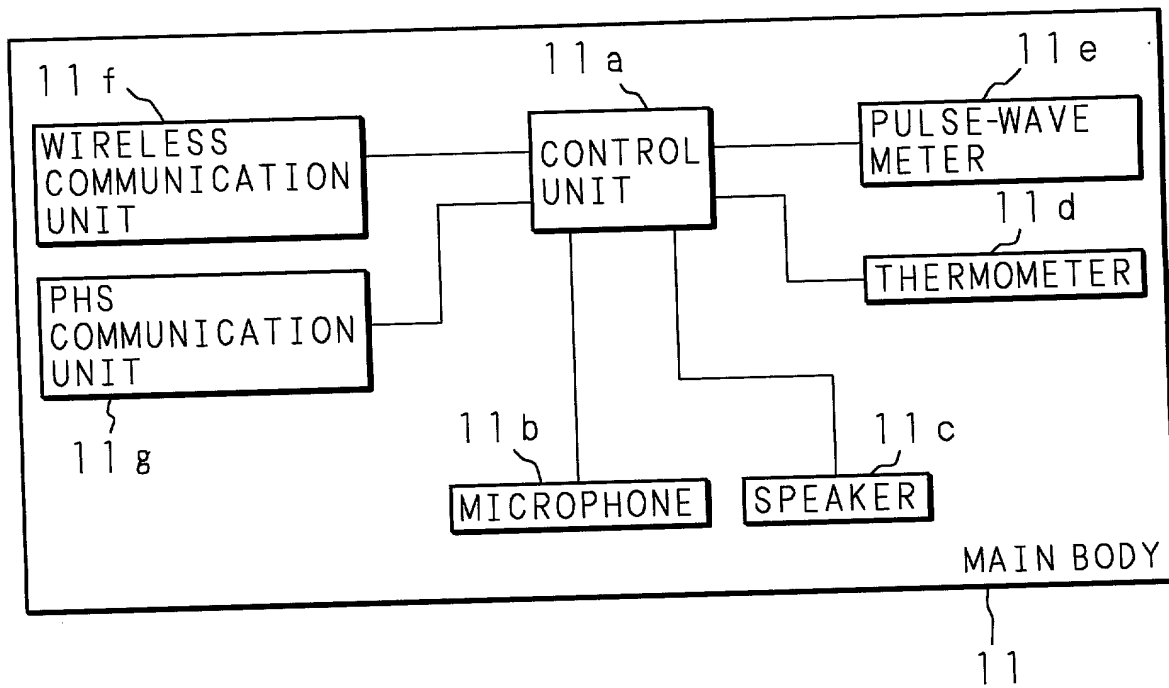


FIG. 4

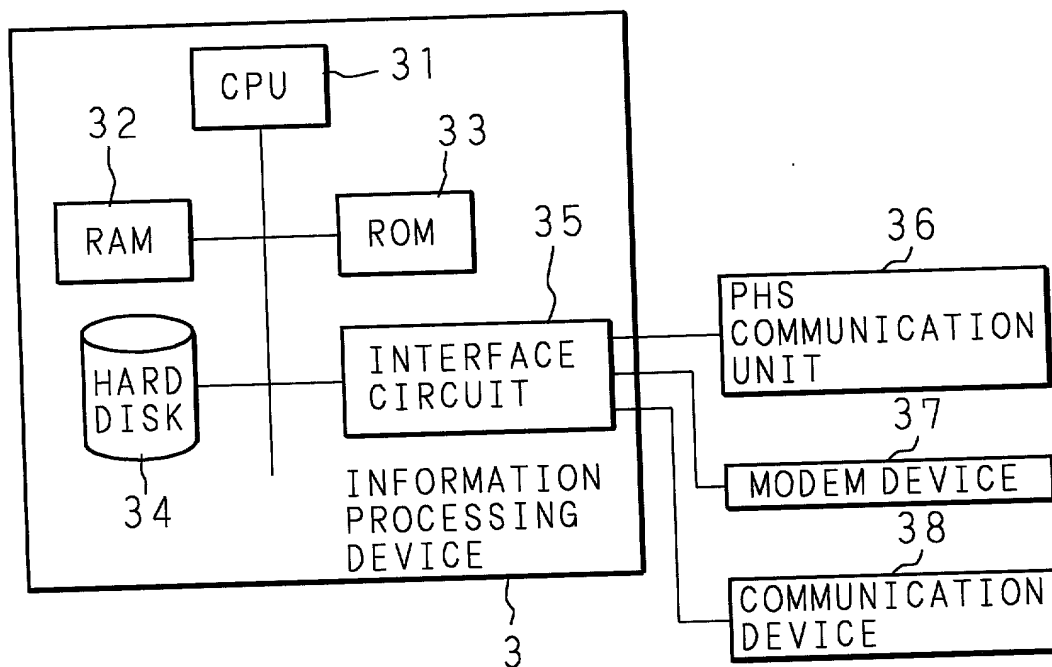


FIG. 5

( COMMUNICATION DEVICE )  
( FOR HEALTH CONTROL 1 )

( INFORMATION )  
( PROCESSING )  
( APPARATUS 3 )

( COMMUNICATION )  
( DEVICE FOR )  
( NURSING 4 )

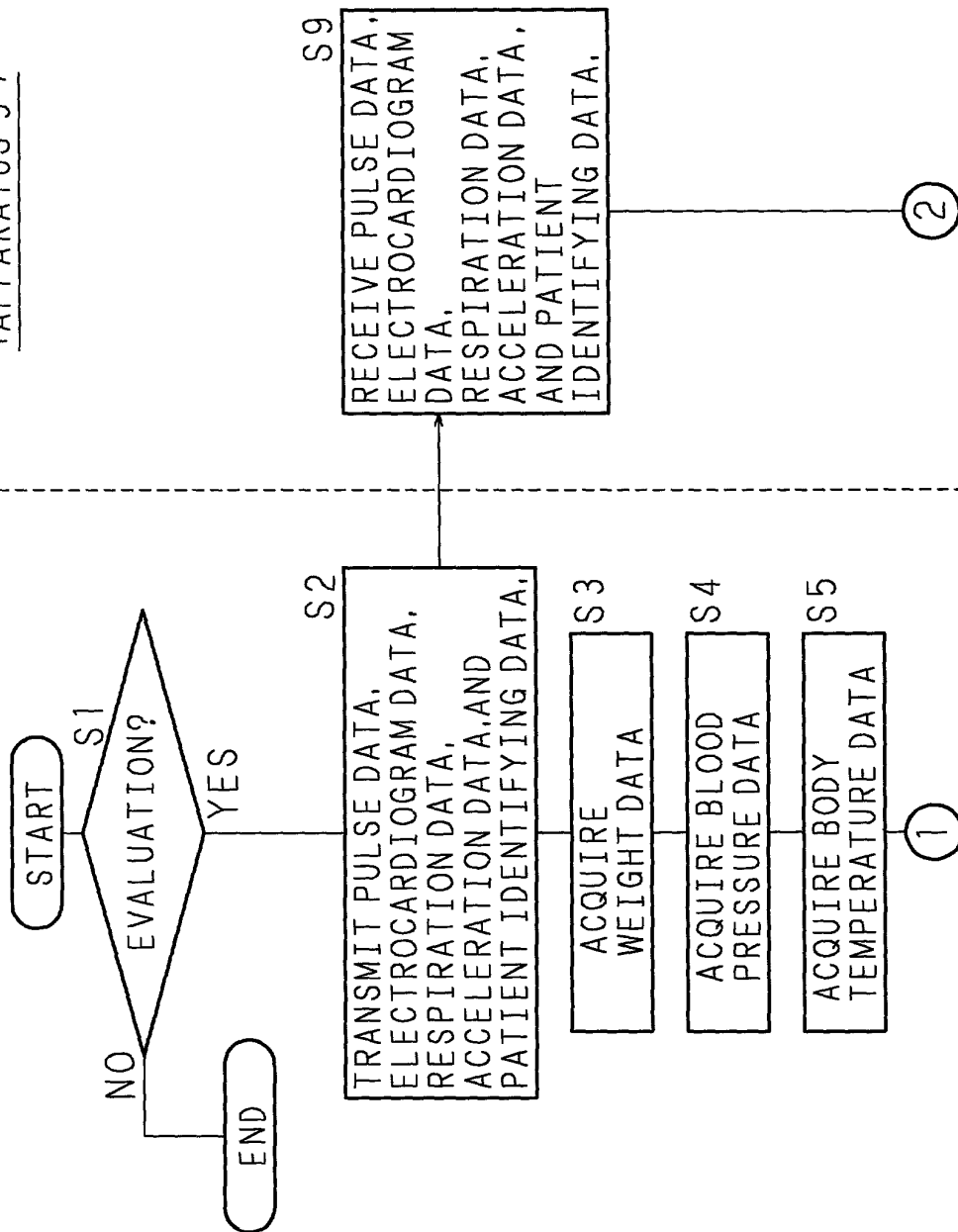
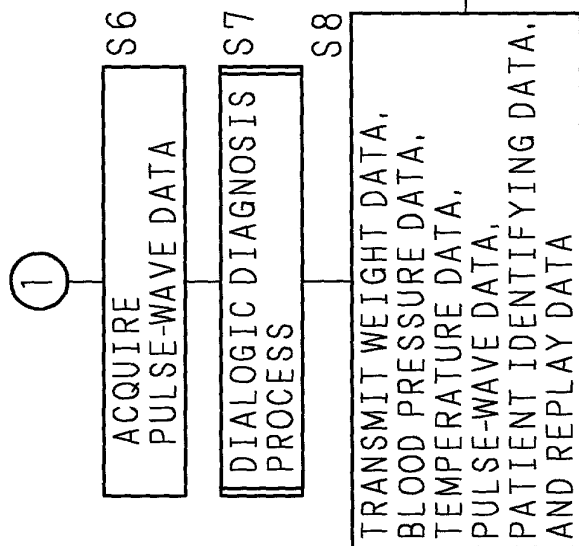
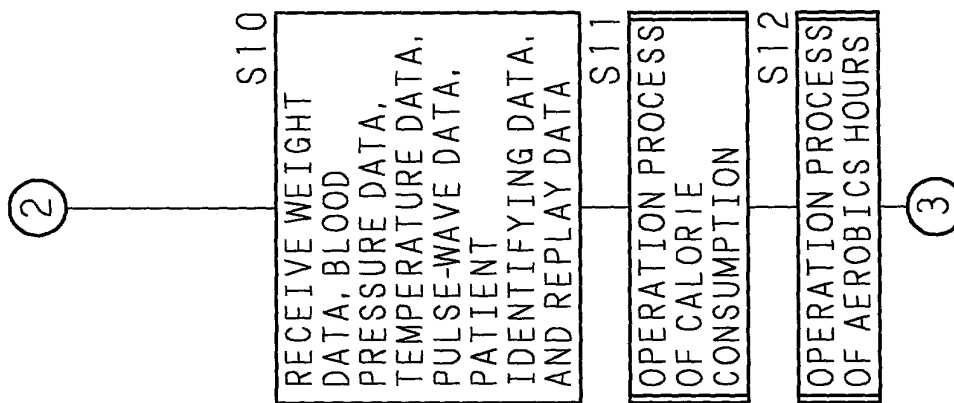


FIG. 6

COMMUNICATION DEVICE  
FOR HEALTH CONTROL 1



INFORMATION PROCESSING  
APPARATUS 3



COMMUNICATION DEVICE FOR  
NURSING 4

FIG. 7

COMMUNICATION  
DEVICE  
FOR HEALTH  
CONTROL 1

INFORMATION  
PROCESSING  
APPARATUS 3

COMMUNICATION  
DEVICE FOR  
NURSING 4

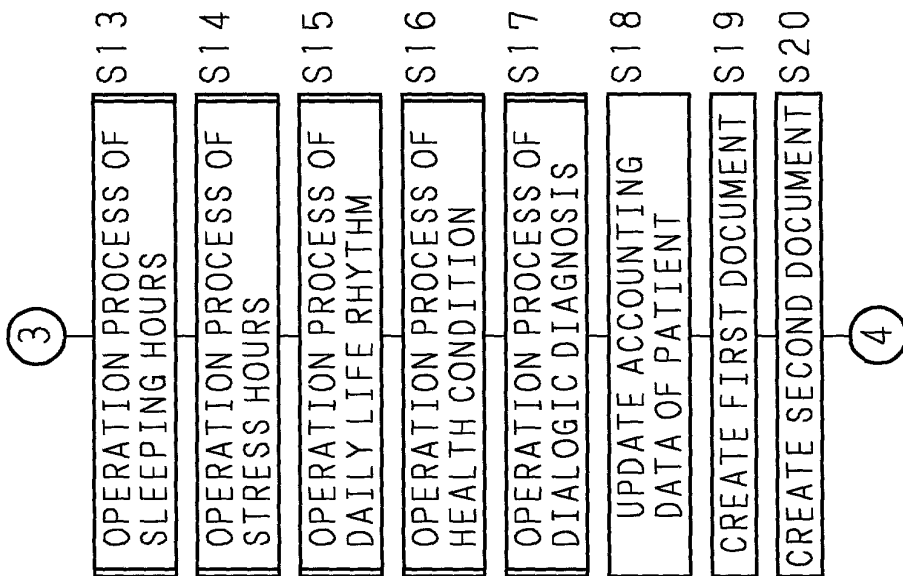


FIG. 8

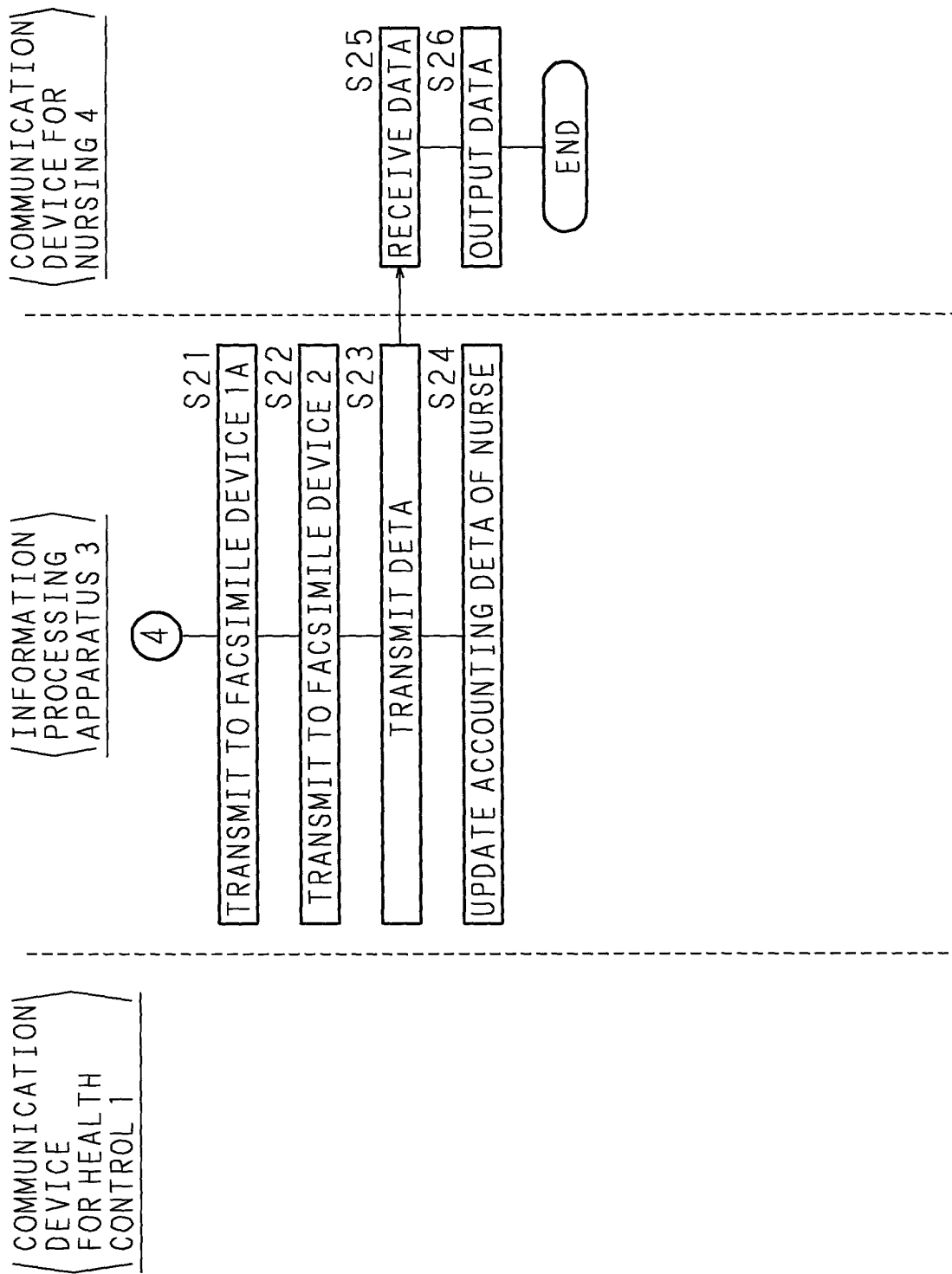




FIG. 9

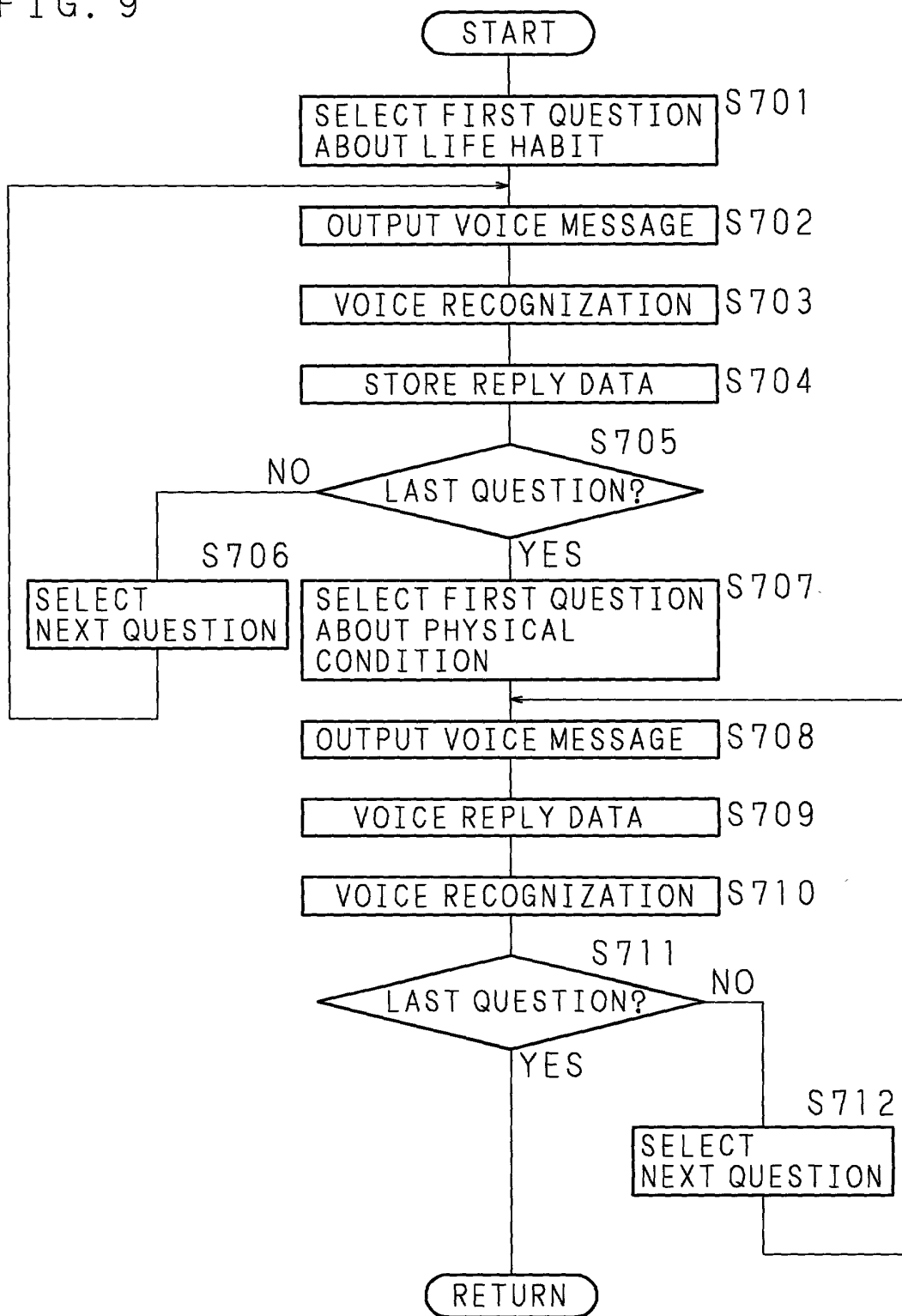


FIG. 10

QUESTION ABOUT LIFE HABIT	ANSWER IN UNHEALTHY STATE
1.DO YOU KEEP EARLY HOURS?	NO
2.DO YOU LIKE EXERCISE?	NO
3.DO YOU HAVE LIKES AND DISLIKES IN FOOD?	YES
4.DO YOU HAVE THREE MEALS A DAY?	NO
5.ARE YOU A NON-SMOKER?	NO
6.DO YOU HAVE STANDARD PROPORTIONS?	NO
7.DO YOU THINK YOU ARE TIDY?	NO
8.DO YOU LIKE VEGETABLES?	NO
9.DO YOU LIKE WALKING?	NO
10.DO YOU DRINK ALCOHOL A LOT?	YES

FIG. 11

QUESTION ABOUT PHYSICAL CONDITION	ANSWER IN UNHEALTHY STATE
1.DO YOU FEEL TIRED?	YES
2.DO YOU HAVE A HEADACHE?	YES
3.DO YOU SLEEP WELL?	NO
4.DO YOU HAVE ANY WORRIES?	YES
5.DO YOU FEEL COLD?	YES
6.ARE YOUR EYES BLURRED?	YES
7.DO YOU OFTEN SNEEZE?	YES
8.DO YOU COUGH A LOT?	YES
9.DO YOU SOMETIMES FEEL SUFFOCATED?	YES
10.DO YOU FEEL STRESS?	YES

FIG. 12

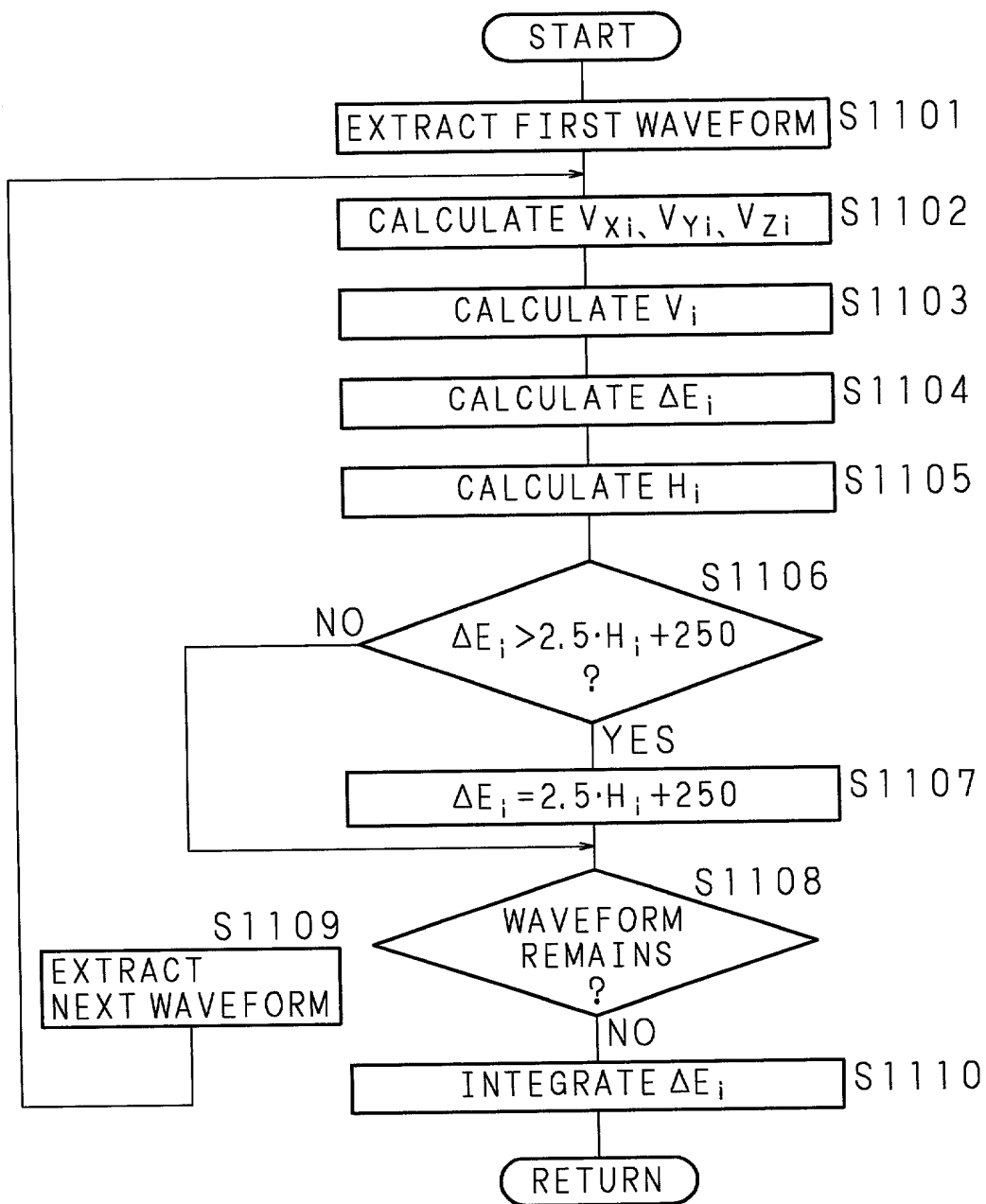


FIG. 13

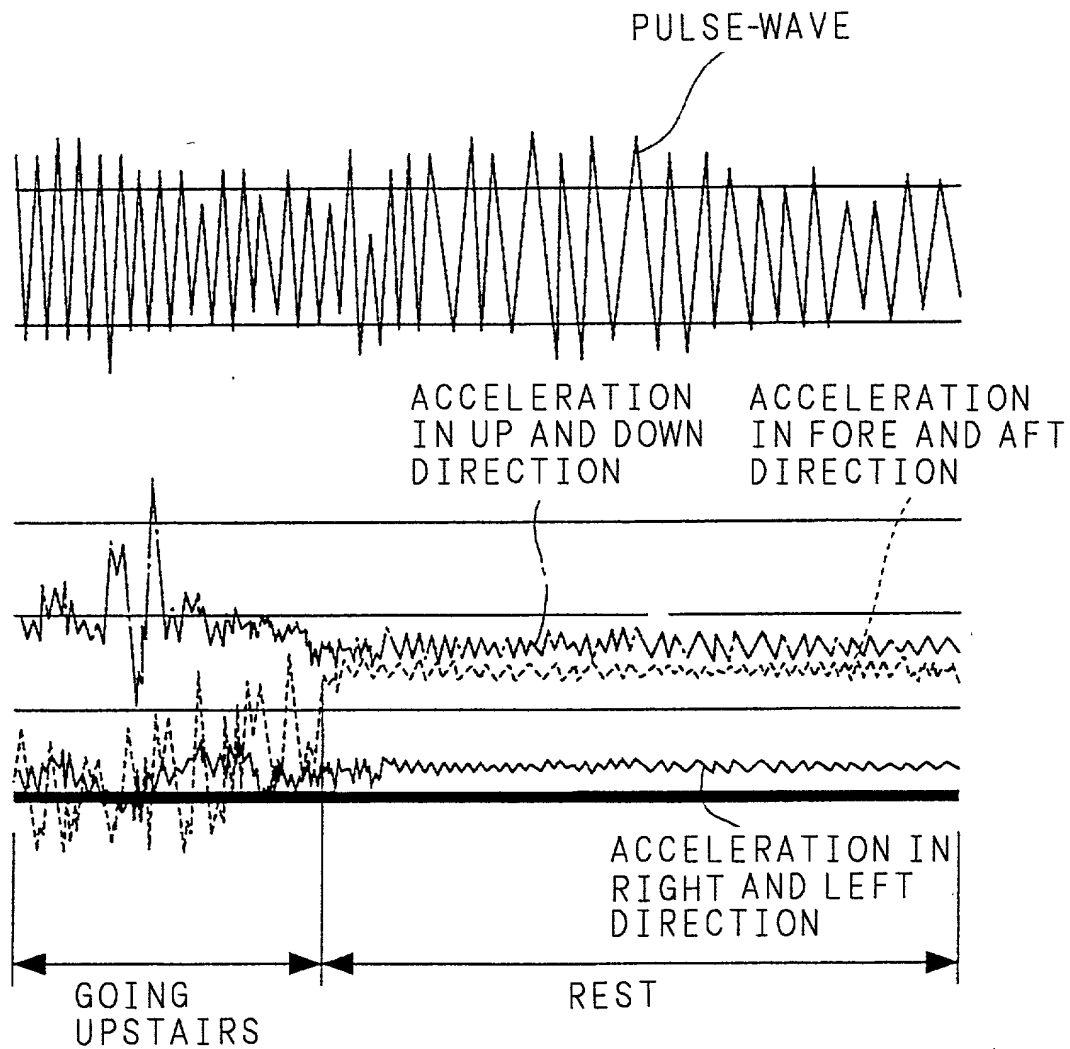


FIG. 14

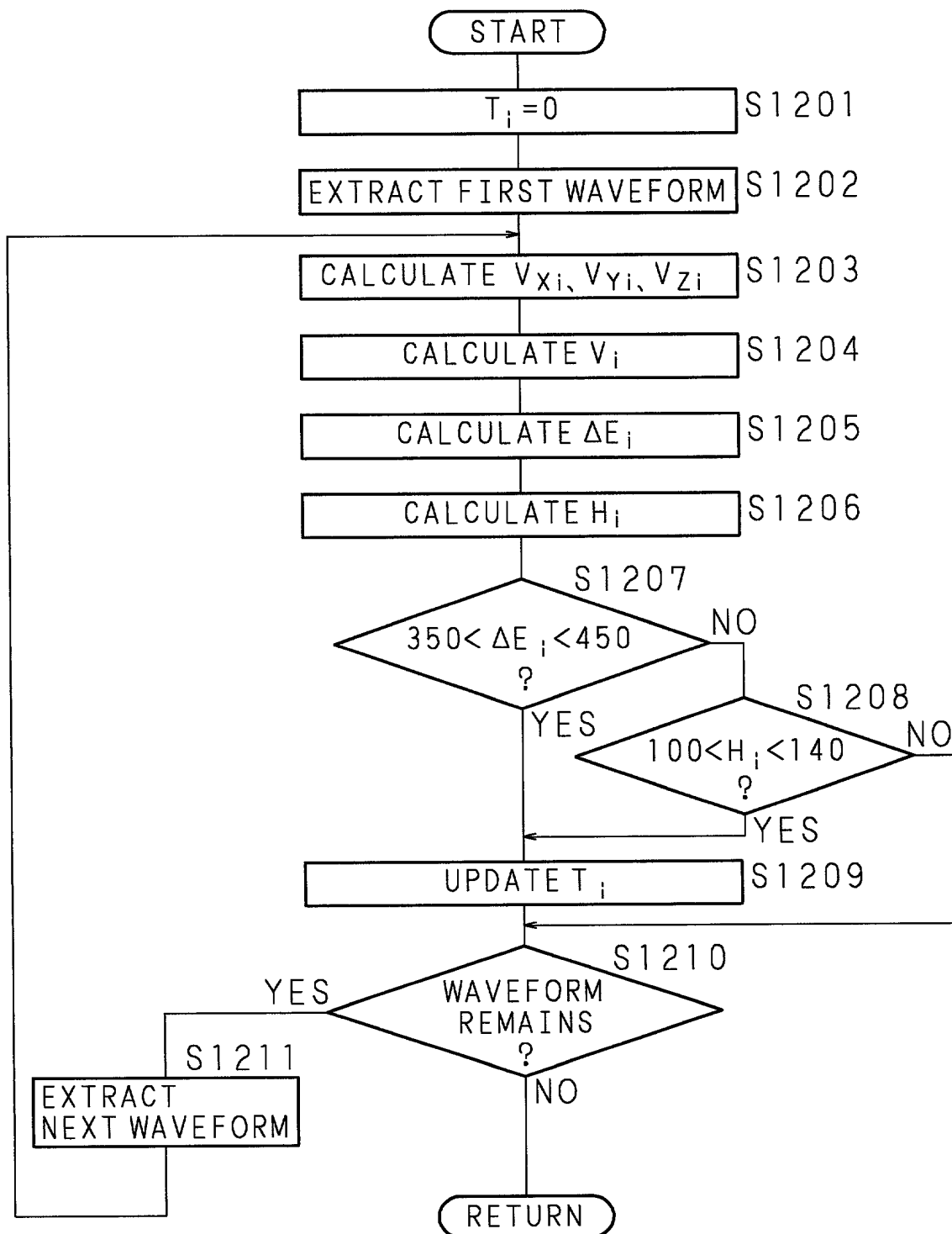


FIG. 15

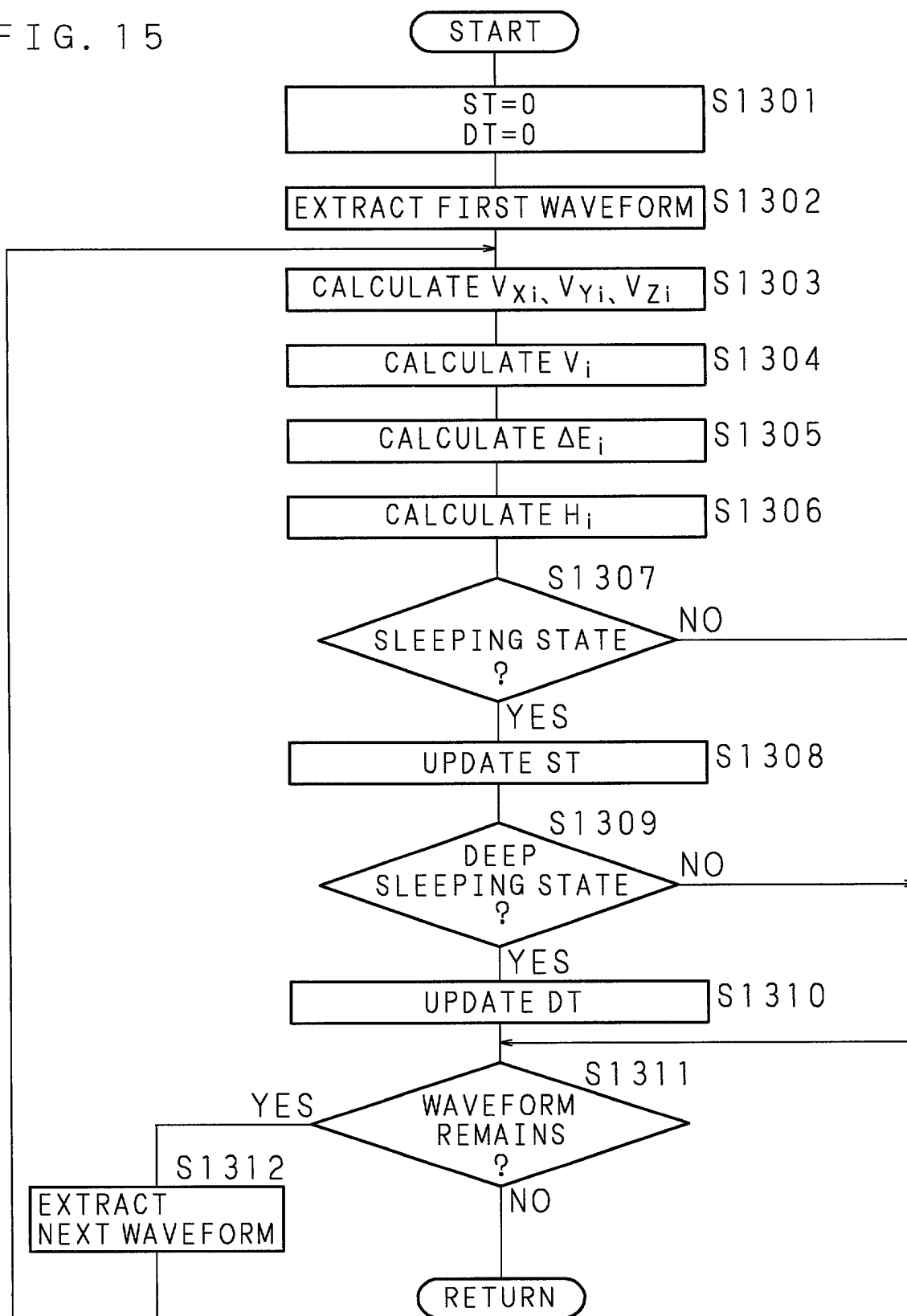


FIG. 16

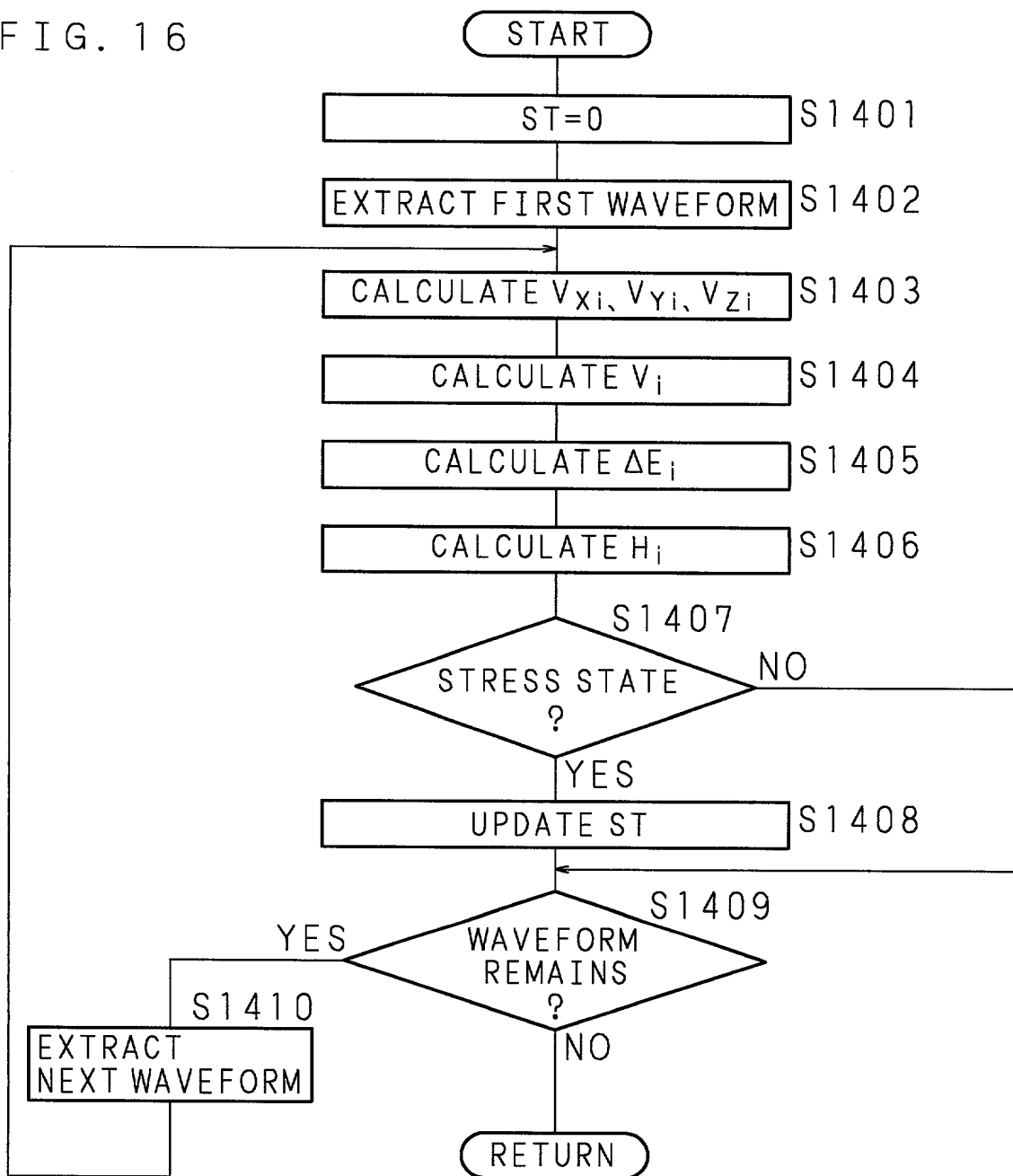




FIG. 17

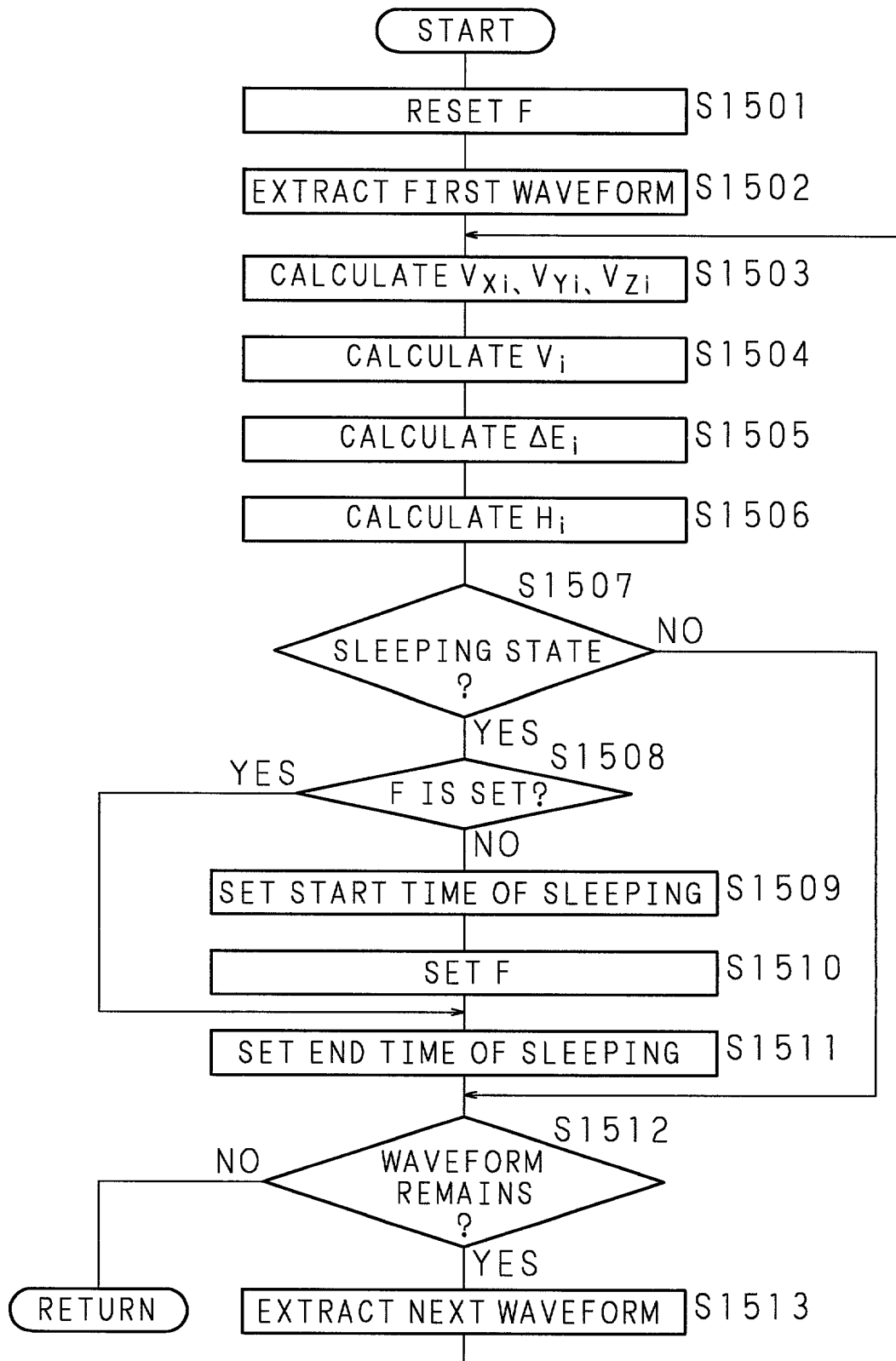


FIG. 18

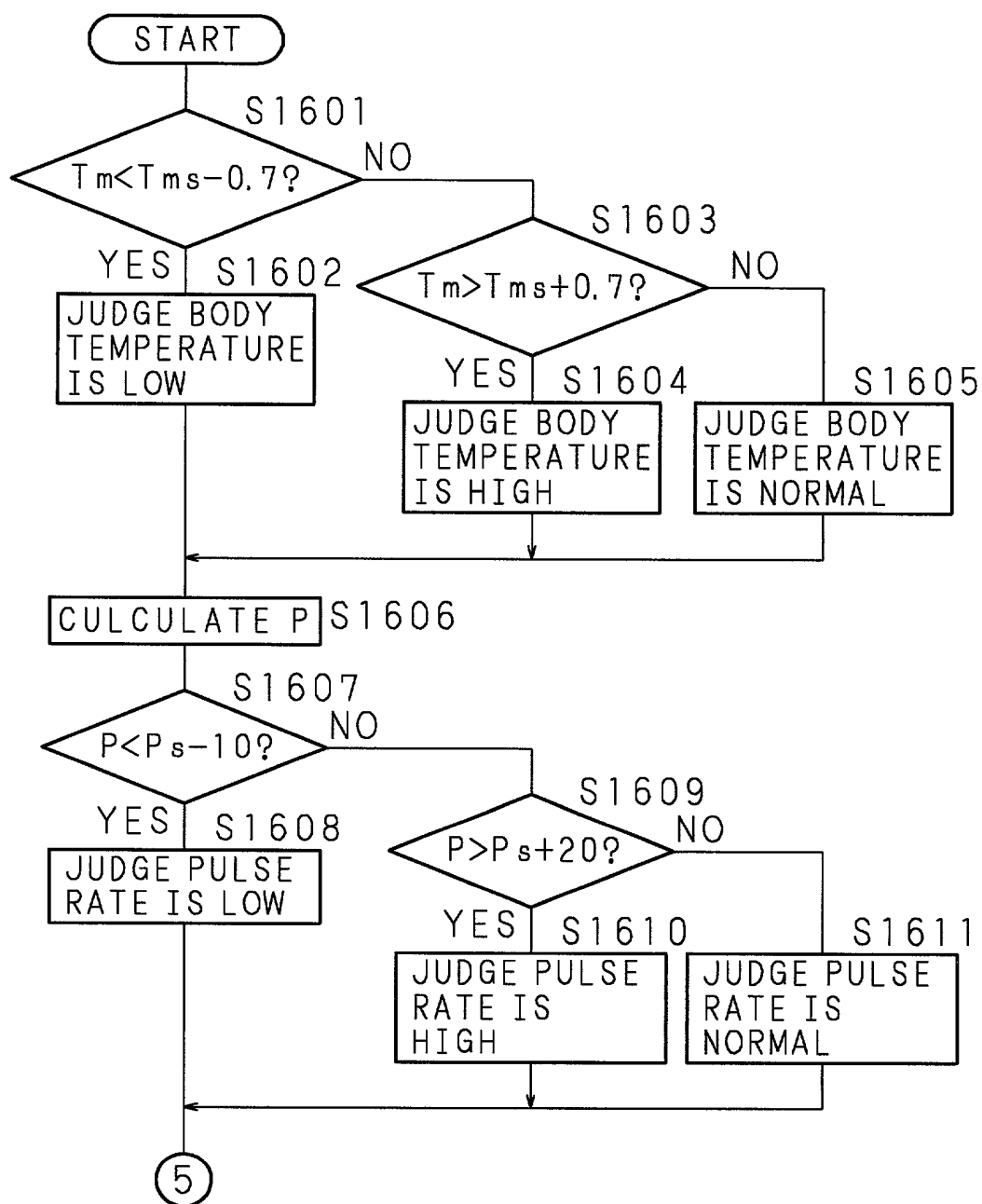


FIG. 19

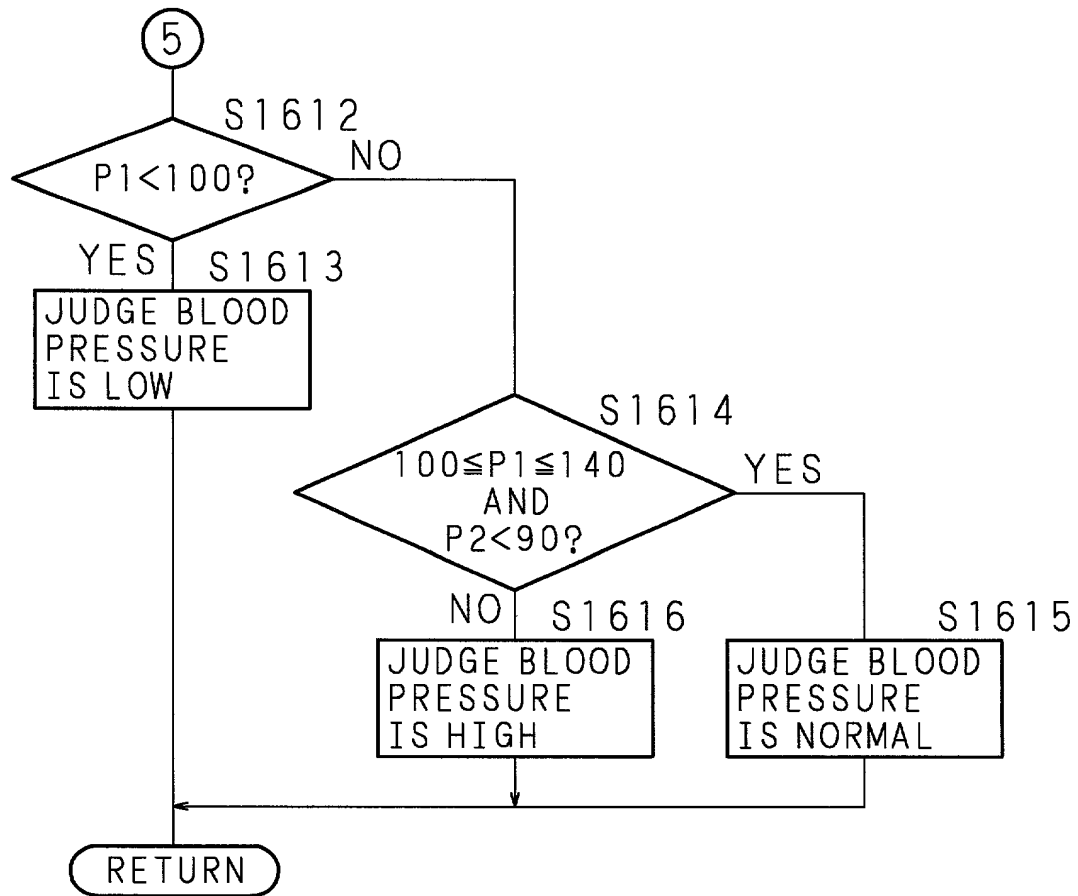


FIG. 20

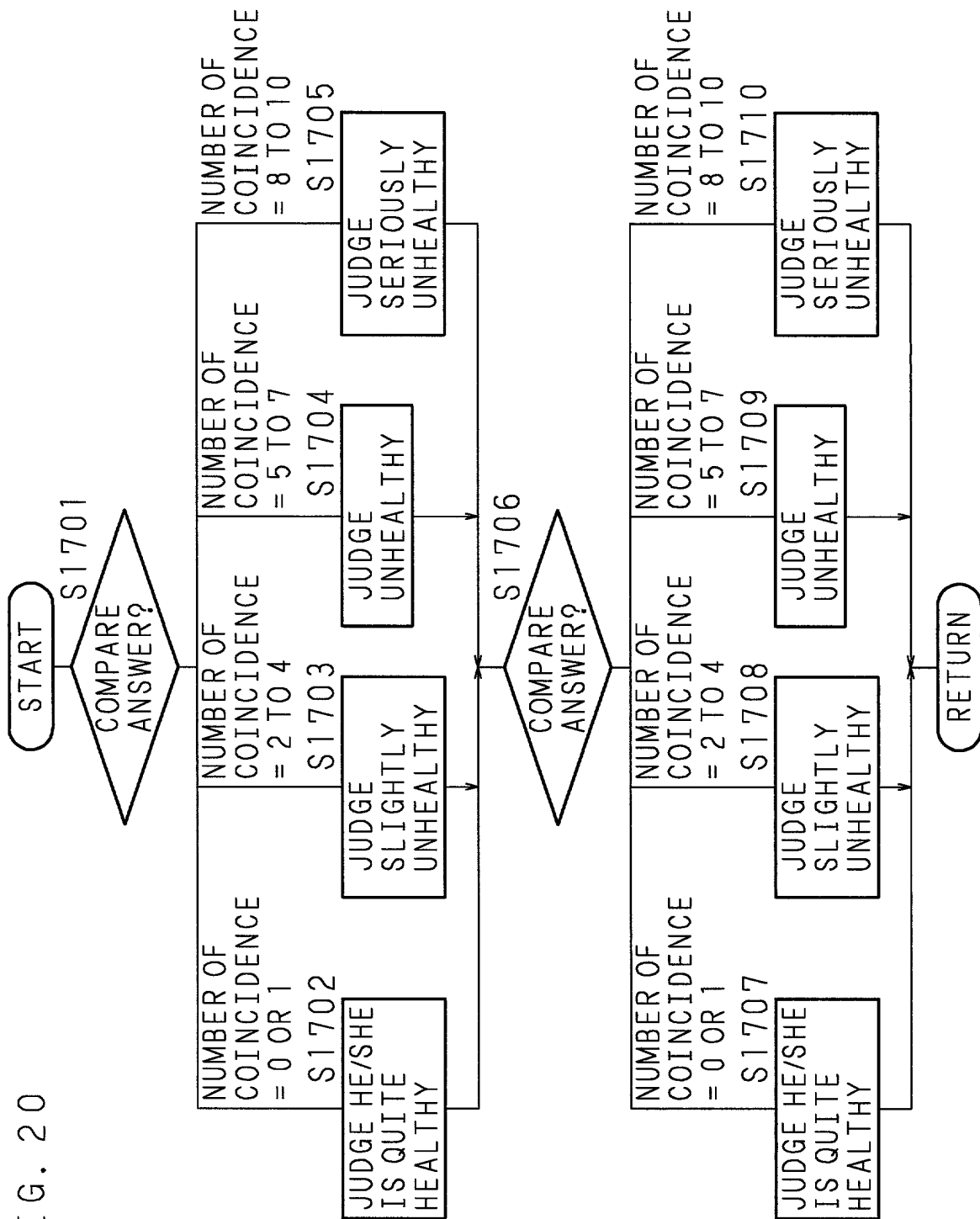


FIG. 21

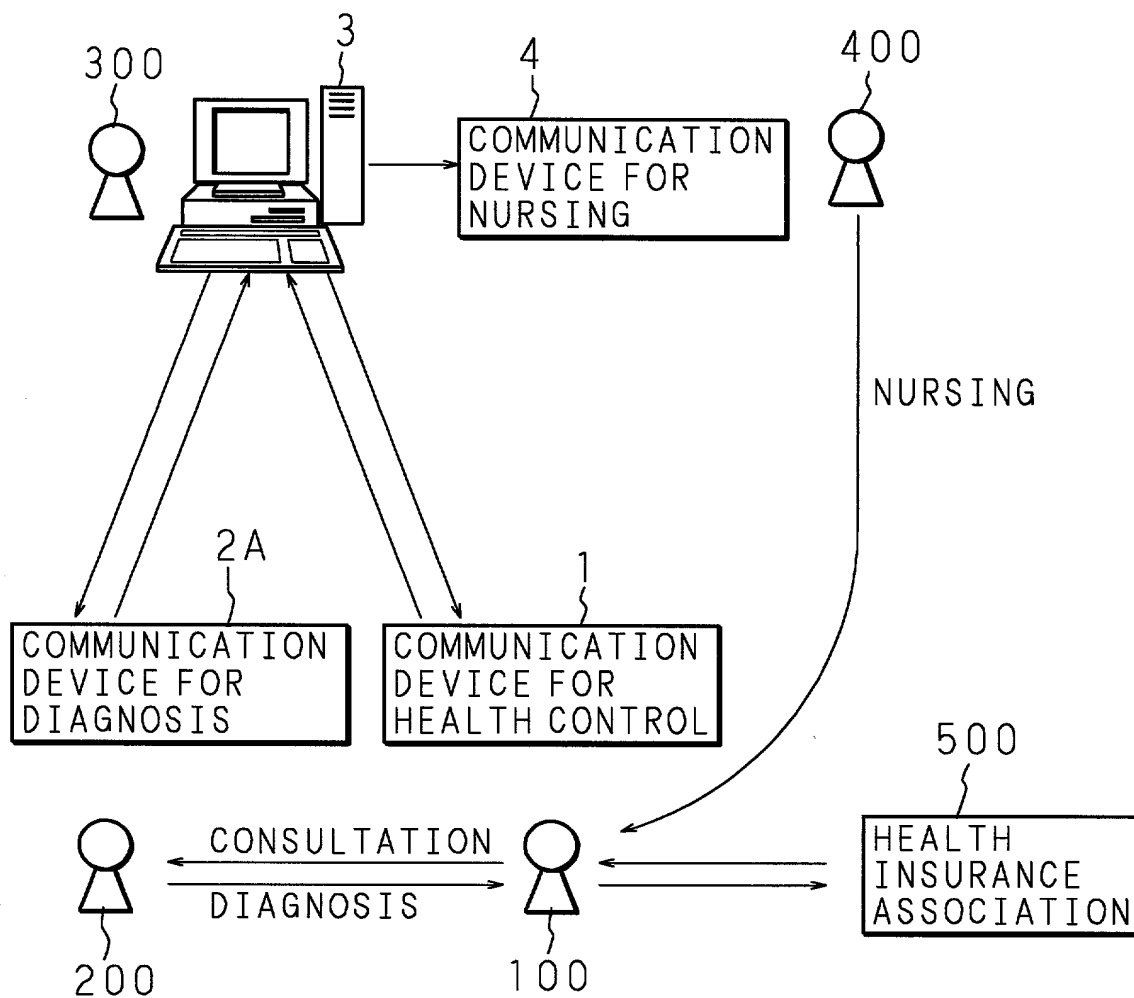


FIG. 22

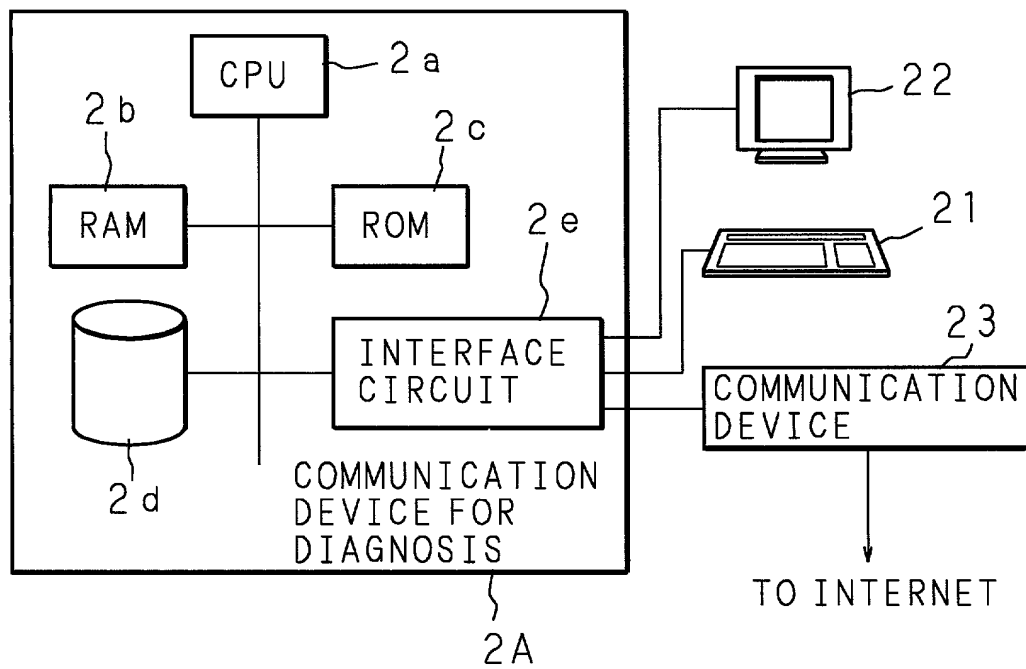
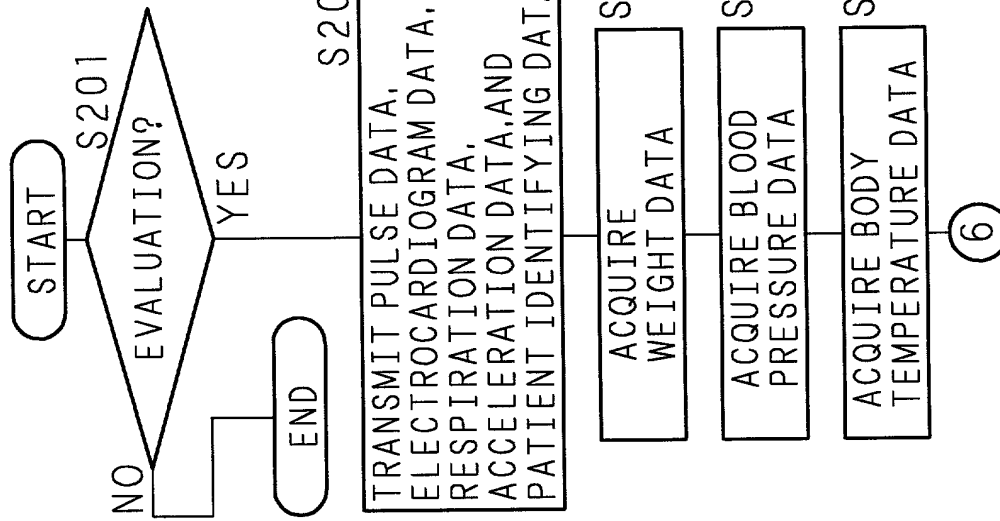


FIG. 23

COMMUNICATION DEVICE  
FOR HEALTH CONTROL 1



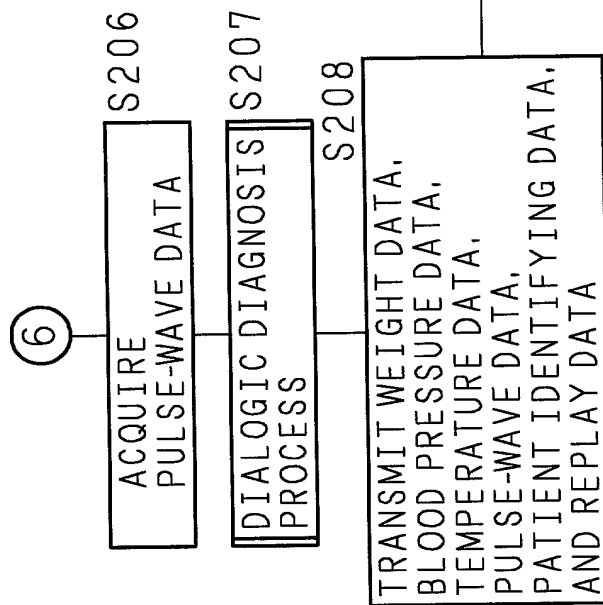
INFORMATION  
PROCESSING  
APPARATUS 3

COMMUNICATION  
DEVICE FOR  
DIAGNOSIS 2A

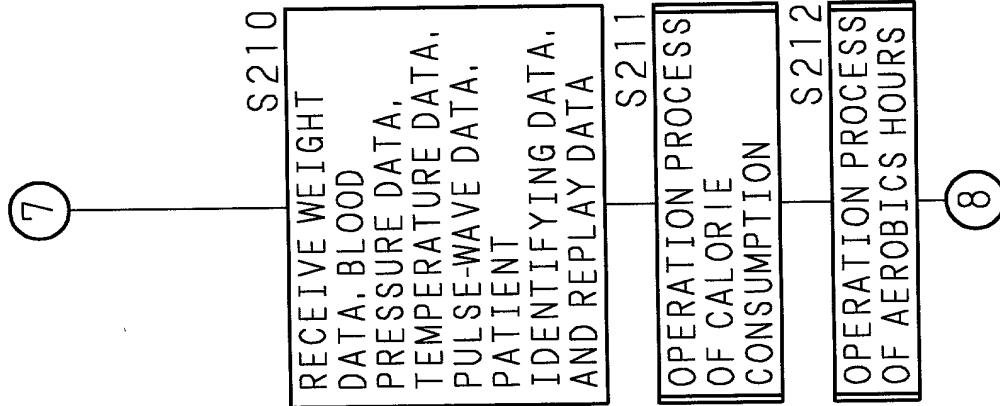
COMMUNICATION  
DEVICE FOR  
NURSING 4

FIG. 24

< COMMUNICATION DEVICE >  
< FOR HEALTH CONTROL 1 >



< INFORMATION >  
< PROCESSING >  
< APPARATUS 3 >



< COMMUNICATION >  
< DEVICE FOR >  
< DIAGNOSIS 2A >

< COMMUNICATION >  
< DEVICE FOR >  
< NURSING 4 >



FIG. 25

COMMUNICATION  
DEVICE  
FOR HEALTH  
CONTROL 1

INFORMATION  
PROCESSING  
APPARATUS 3

8

OPERATION PROCESS OF  
SLEEPING HOURS S213

OPERATION PROCESS OF  
STRESS HOURS S214

OPERATION PROCESS OF  
DAILY LIFE RHYTHM S215

OPERATION PROCESS OF  
HEALTH CONDITION S216

OPERATION PROCESS OF  
DIALOGIC DIAGNOSIS S217

UPDATE ACCOUNTING  
DATA OF PATIENT S218

CREATE FIRST DATA S219

CREATE SECOND DATA S220

9

COMMUNICATION  
DEVICE FOR  
DIAGNOSIS 2A

COMMUNICATION  
DEVICE FOR  
NURSING 4

FIG. 26

